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## FAX TRANSMISSION

**DATE:** December 3, 2004

**PTO IDENTIFIER:** Application Number 09/769057-Conf. #5066  
Patent Number

**Inventor:** Loukritis Balkos et al.

**MESSAGE TO:** US Patent and Trademark Office

**FAX NUMBER:** (703) 872-9306

**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP  
Patricia Smink Rogowski - Reg. No. 33,791

**PHONE:** (302) 658-9141

**Attorney Dkt. #:** 4754\*39

**PAGES (Including Cover Sheet):** 12

**CONTENTS:** Response and Amendment (8 pages)  
Fee Transmittal (1 page)  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Charge \$490.00 to deposit account 03-2775  
Certificate of Transmission (1 page)

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**CONNOLLY BOVE LODGE & HUTZ LLP**  
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PTO/SB/97 (09-04)

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Application No. (if known): 09/769057

Attorney Docket No.: 4754\*39

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Date



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Patricia Smink Rogowski

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33,791

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Response and Amendment (8 pages)

Fee Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

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Certificate of Transmission (1 page)

PTO/SB/17 (11-04)

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**FEE TRANSMITTAL  
for FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> 490.00	

**Complete if Known**

Application Number	09/769057-Conf. #5066
Filing Date	October 29, 2003
First Named Inventor	Loukila Balkos
Examiner Name	D. H. Heckenberg
Art Unit	1722
Attorney Docket No.	04754-00039-USA

**METHOD OF PAYMENT (check all that apply)**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None	
Deposit Account Number: 03-2775		
Deposit Account Name: Connolly Bove Lodge & Hutz LLP		
The Director is authorized to: (check all that apply)		
<input checked="" type="checkbox"/> Charge fee(s) indicated below		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.18 and 1.17		
<input checked="" type="checkbox"/> Credit any overpayment		
To the above-identified deposit account.		
<input type="checkbox"/> Other (please identify):		

**FEE CALCULATION (continued)****2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

- 20 or HP =      x      =  
HP = Highest number of total claims paid for, if greater than 20

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

- 3 or HP =      x      =  
HP = Highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims      Fee (\$)      Fee Paid (\$)

Subtotal (2) \$ 0.00

**FEE CALCULATION****1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
Subtotal (1) \$		0.00	

**3. OTHER FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	490.00
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(g) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request the oral hearing	300	150	
Other:			

Subtotal (3) \$ 490.00

**SUBMITTED BY**

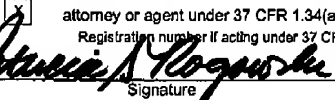
Signature	<i>Patricia Smink Rogowski</i>	Registration No. (Attorney/Agent)	33,791	Telephone	(302) 658-9141
Name (Print/Type)	Patricia Smink Rogowski	Date	December 3, 2004		

DEC 03 2004

PTO/SB/22 (10-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		Docket Number (Optional) 04754-00039-USA	
Application Number                      09/769057-Conf. #5066		Filed                      October 28, 2003	
<b>For    PRESS FOR MAKING PATTIES AND METHOD OF OPERATION</b>			
Art Unit                      1722		Examiner                      D. H. Heckenberg	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$ 490.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2036 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-2775</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
<input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).			
Registration number if acting under 37 CFR 1.34(a)		33,791	
 Signature		December 3, 2004 Date	
Patricia Smink Rogowski Typed or printed name		(302) 658-9141 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			